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Photographing Tragedy: Landmines and Victims

Tim Grant recounts his experiences capturing the images of landmines and the stories of their victims on film. From buckets of AP mines to victims on the operating table, Grant sees and tells all about the images that have shaped him.



■ Borey and his friends. Khoa-I-Dang rehabilitation center. c/o Tim Grant

By Tim Grant, *Landmine Photographer*

Landmines are insidious devices. A landmine can be any munition placed under, on or near the ground or other surface area that is designed to be detonated or exploded by the presence, proximity or contact of a person or vehicle. Their main purpose is to inflict severe injury on the “enemy” so as to hinder advance and undermine the morale. Only a few mines are designed to kill outright. For every combatant injured it takes another two soldiers to carry them, effectively taking up to three fighters out of the battle.

My initial experiences with landmines came as an

employee of the Land Mine Awareness Programme (LMAP) that started in 1990 on the Thai/Cambodian border. After testing the education materials we had produced, it was found that the people wanted to see photographs of real mines and of landmine victims. The mines reproduced in the photographs were always shown as close as possible to their actual size. After several years of working in mine awareness, we found that photographs were very popular, generating much more interest than illustrations because people can relate more to them, especially when the images are taken in areas familiar to them.

Photographing my first mine was an experience I shall always remember. At that time, it was illegal for foreigners

Asia & the Pacific

to enter Cambodia. As we were based in Thailand, a neutral country, there were no mines readily available for photographing and measuring. We needed photographs for the education materials, so we had to rely on viewing mines collected by the Thai military from their side of the border.

The Thai soldiers brought out an old bucket crammed with a variety of AP devices. It was a strange feeling to finally see these objects that we had heard so much about. For a second or two I forgot all the terror and sadness they cause and was eager to examine them closely. My colleague, who had just arrived from four years of teaching landmine awareness to Afghan refugees, was quite nervous and kept reminding me of situations where experts had blown themselves up by mishandling mines.

The soldiers were quite relaxed around the live ammunition, wanting to show us how "brave" they were and how much knowledge they possessed about ordnance. One of them started to pull, prod and turn anything that stuck out. He then proceeded to unscrew the top off an AT mine, prompting my colleague to take refuge



■ A 16-year-old monk injured by stepping on a landmine on his way back from a wedding ceremony.
c/o Tim Grant

behind a filing cabinet. In hindsight, this action seemed useless since, had the mine exploded, the whole building would have been destroyed. I also realized that I was too trusting of the soldier's ability in handling these devices. It took a few more visits to hospitals and operating theatres before I formed a realistic view and healthy dislike for any landmine or UXO.

Photographing the Victims

Photographs make the plight of mine victims more meaningful to viewers and starkly reveal the horror associated with mine injuries. As the program's media coordinator, it was my job to capture these images.

The first time I photographed a landmine victim is still very vivid in my mind. It was in the Site II refugee camp on the Thai/Cambodian border in 1986. I was being shown the different programs that were operated by one of the local NGOs. We came to the Disabled Skills Training Center, which was run by a Jesuit priest. A photo opportunity quickly appeared in front of me as I entered the facility: a wheelchair bound, double leg amputee with his baby sitting on his lap. I was initially reticent about taking this photograph. However, the center's resident priest realized my dilemma and assured me it was OK, so I went ahead. As I snapped the shot, the man smiled and told me he was honored that I had chosen he and his child to be photographed—the first of many surprises.

To facilitate the production of teaching materials I made many excursions to the camp hospitals and rehabilitation centers to take photos. The power of these experiences in dirt-floor, bamboo walled rehabilitation centers and cold concrete floored operating rooms was overwhelming. Most of the victims were young men in their late teens or early 20s. Despite their suffering and traumatic amputa-

tions, most were quick with a smile and a joke. This made being there and taking photos a mixture of pleasure and pain. Here in the hospital, surrounded by fellow victims, they started to come to terms with their dramatic change of lifestyle. I worried about what would happen when they returned to their villages, where they would be without free medicine, adequate medical attention and, more importantly, the moral support of their new friends.

Upon arrival at the International Committee of the Red Cross (ICRC) in-patient section one day, two new victims from Cambodia drew my interest. One of them was a woman who had had her right leg blown off—fortunately below the knee. She was very frightened as it was all so new to her—sealed rooms with concrete floors, white-skinned people with dangling objects around their necks, plastic covered furniture, and, above all, life with only one and a half legs. The other victim was a man having an old wound checked. He seemed flattered to have a foreign nurse attend to him and show an interest in his recently sown stump, which now looked like the fluted edge of a piecrust.

Soon, a busy doctor came in and thoughtlessly tugged on a piece of gauze that was deeply embedded in the wound. The man jumped, then smiled and made a joke with the nurse. "How can he still find humor in this madness?" I asked myself. He was like a brave young boy with a grazed knee who didn't want to show his friends his pain. She was like a terrified little girl waiting her turn for an injection, twitching and wringing the sarong she clasped tightly in her hands. I was so distracted by their dilemmas that I didn't take any photographs.

After awhile, I started to enjoy my visits to the hospital, as I received such a great welcome from the patients, who really appreciated a foreigner

taking such an interest in their welfare. It was hard at times to remain impartial and I had to "turn-off" many times to enable myself to cope with the tragedies before me. The victims were generally so young and now their lives had been torn apart, more than they could possibly comprehend at that time.

I had received permission from ICRC to photograph mine victims in Khao-I-Dang Hospital, so I made my way there, most days equipped with my photographic gear. The head nurse knew me well and would greet me.

One day, I arrived at the hospital and was instantly taken by the arm and hustled into the theatre, not knowing what to expect. A mask and hairnet were thrust into my hands as I was pushed through the doorway. A 17-year-old boy had been wounded when a landmine exploded nearby. They already had his stomach laid out on the operating table, expertly searching for shrapnel pieces. This was the first time I had witnessed an operation, and I wondered how I would handle it. I trained my camera onto the surgical scene. Here in front of me was this kid with his insides spilled out, and all I

could feel was fascination as I viewed, through a lens, the skilled hands of the surgeon as he probed his way into the open cavity.

The surgeon eventually located a tiny piece of metal, smaller than a 5-cent piece. I glanced at the cut, which started at the top of his chest and finished just above his navel, then to this tiny intruder and pondered the inhumanity of it. They roughly threw his guts back in and stitched the wound. "We will just close this up and do a routine check of his leg, then he should be okay," the doctor informed me.

Following the surgery, I was starting to feel that I must be fairly brave. But in spite of this sentiment, when they brought in the next victim I began to think I had chosen the wrong vocation. The second surgery was not as easy to handle. This man's wounds were older and had become infected. The surgeon had to cut off more of his stump and dress the wound. I took a few images and decided that this time I couldn't stay any longer.

Several days after the surgery, I returned to the hospital to follow up

Photographing Tragedy

with the photo stories of both victims. I found the older man, his wife dutifully fanning his body as he slept. She was lost in her thoughts and hardly noticed my presence. The nurse informed me that the 17-year-old, Phon Phea, was in bed no. 45. I couldn't believe what I saw as I approached. He had only one leg! A feeling of shock hit me. When I had left him in the surgery there was no indication that an amputation was necessary. He was, after all, only hit by two small pieces of shrapnel. I called the nurse over and asked the reason for the amputation. I was told that apart from the chest injury, the second piece had severed a main leg artery. As I drove back to town I saw groups of Thai youths, about the same age as Phea, enjoying a football match—it just didn't seem fair to the victims. ■

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How to Help...

Those interested can help the plight of landmine victims by generating publicity. This can be achieved by writing a story for a magazine, sending a letter to the editor of a newspaper, or writing an opinion/editorial piece for your local newspaper to express your concern.

One could also make a website, organize an event/exhibition, design

a poster, go on the radio, raise funds or appear on television programs to discuss the landmine issues.

Supporters are also welcome to visit my website (www.iinet.net.au/~pictim) and use the photographs for advocacy purposes.

- Tim Grant



■ The first land-mine victim I photographed at Site II Refugee Camp.
c/o Tim Grant